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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Eye Tech Training	, Inc.	·	
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
:	Sharon Alamalhodaei			
-		Name of Contact Persor	1	
i	Eye Tech Training, Inc.			
-		Firm/ Company		
•	6351 Hanfield Drive			
•		Address		
!	Port Orange, FL 32128			
-	 .	City/ State and Zip Code	2	
,	Sharon@EyeTechTraining.co	om		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Sharon Alamalhodaei		295	702 7067	
Name of Contact Person		at (de & Daytime Telephone Number	
Name o	i Confact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	ndment Section sion of Corporations		Amendment Section	
	Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Eye Tech Training Inc	
(Name of Corporation as currently	v filed with the Florida Dept. of State)
P11000053941	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	77)
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co., ' or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	กิรข
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY RE A POST OFFICE BOX</u>)	
	9
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
Charles and the charles are the charles and the charles are th	
(Florida str	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.
Signature of New Ro	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner, Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	TR	Abraham H. Alamalhodaei	1615 Woodacres Court
XAdd			Port Orange, FL 32128
Remove			
2) Change	TR	Aria Alamalhodaci	6351 Hanfield Dr.
X Add			Port Orange, FL 32128
Remove 3) Change			
Add			
Remove			·····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	·
. If an amendment provides for an exchange, reclassification, or cancellation of issued sh	ares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
haron Alamalhodaei holds 98% of corporation shares	
	· · · · · · · · · · · · · · · · · · ·
braham Alamalhodaei holds 1% of corporation shares	
ria Alamalhodaei holds 1% of corporation shares	
	,

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	07/19/2020
The date of each amendment(s	adoption:, if other than the
date this document was signed.	11. 2020
Effective date <u>if applicable; </u>	ıly 1, 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes e	ast for the amendment(s) was/were sufficient for approval
Sharon Alamalhoda	ei "
oy,	(voting group)
07/19/20 Dated	
Signature	Itemalledice President
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court officery by that fiduciary)
	Sharon Alamalhodaci
	(Typed or printed name of person signing)
	President
	(Title of person signing)